

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69607	2/2/00
O.I.P.E. CLASSIFIER	5/14	37480	2/13/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	5/01
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3	1/5/01
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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